



INVENTION DISCLOSURE FORM

Name of Individual(s) making this Disclosure with Gateway 2000, Inc.

Identify All Inventors

Definition of an Inventor: An originator or contributor of new and useful concepts or ideas included in a patent

**By Signing This Document I Certify That I Am An Inventor And That All Others Listed Are Also Inventors Of This Idea
All Fields For Each Listed Inventor Must Be Completed And Signed Before Submission**

Primary Inventor (Originator of Idea)

Full Legal Name: Nickum, Larry A.
Last, First M.I.)

Signature:

Date Signed:

Full Legal Address: 2700 South Glass Street **City:** Sioux City **State:** Iowa **Zip:** 51106
Country of Citizenship: United States

Work Phone & Extension: 26353 Home Phone: [REDACTED] Social Security #: [REDACTED]
Are You Pay Grade 39 or Above (Yes/No)? No Your Organization: GPO Your Dept: Engineering Your Team: Strat Tech
Your Supervisor: Frank Liebenow
State your contribution to the making of this invention: Sole inventor

Inventor # 2

Full Legal Name:

Last, First M.I.

Signature:

Date Signed: / /

Full Legal Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Country of Citizenship: _____

Work Phone & Extension: Home Phone: Social Security #: - -
Are You Pay Grade 39 or Above (Yes/No)? Your Organization: Your Dept: Your Team:
Your Supervisor:
State your contribution to the making of this invention:

Inventor # 3

Full Legal Name:

Last, First M.I.

Signature:

Date Signed: / /

Full Legal Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Country of Citizenship: _____

Work Phone & Extension: Home Phone: Social Security #: - -
Are You Pay Grade 39 or Above (Yes/No)? Your Organization: Your Dept: Your Team:
Your Supervisor:
State your contribution to the making of this invention:

Inventor # 4

Full Legal Name:

Last, First M.I.

Signature:

Date Signed: / /

Full Legal Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Country of Citizenship: _____

Work Phone & Extension: Home Phone: Social Security #: - - -
Are You Pay Grade 39 or Above (Yes/No)? Your Organization: Your Dept: Your Team: Your Supervisor:

State your contribution to the making of this invention: